

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90008 025 \*\*\*\*70.00

**DOCUMENT # N04000009930**

1. Entity Name  
**LEO ROSE, JR. AND CHARLOTTE ROSE FAMILY  
SUPPORTING FOUNDATION, INC.**



Principal Place of Business  
**4200 BISCAYNE BLVD  
MIAMI, FL 33137**

Mailing Address  
**4200 BISCAYNE BLVD  
MIAMI, FL 33137**

**40036326**



03022006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1819335**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LANDE, STEPHEN M.  
4200 BISCAYNE BLVD  
MIAMI, FL 33137**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SOLOMON, JACOB
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	LANDE, STEPHEN C.
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	GOLDFARB, BARBARA B
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	ROSE, ELLEN
STREET ADDRESS	4000 TOWERSIDE TERR #1205
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D
NAME	ROSE, CHARLOTTE
STREET ADDRESS	16 ISLAND AVE #4D
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/9/06**

Date

**786-866-8623**

Daytime Phone #